



REQUEST FOR REPLACEMENT GAMBLING BUSINESS BADGE (CGCC – 538)

When requesting a replacement badge a registrant/licensee must complete and submit this form to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231 accompanied by a \$25.00 check made payable to the California Gambling Control Commission.

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: APPLICANT INFORMATION

Applicant's Full Legal Name:

First	MI	Last
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Mailing Address:

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Applicant's Telephone Number:

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Social Security Number: (for identification purposes)

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TPPPS Badge #:

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SECTION 2: REGISTRATION/LICENSE

1. Currently registered or licensed with the Commission: (Mark one)

☐ Registered ☐ Licensed

2. Category: (Mark one)

☐ Owner ☐ Player ☐ Supervisor ☐ Other Employee

3. Badge was: (Mark one)

☐ Lost ☐ Stolen ☐ Damaged

☐ Incorrect due to change of name:

Previous name: _____

New Name: _____

Before your name will be changed you must submit **one** of the following:

- Copy of marriage certificate.
- Copy of court document authorizing legal name change.
- Clear copy of driver's license **AND** social security card.

SECTION 3: PRIMARY OWNER INFORMATION

Primary Owner's Name:

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I certify that this registrant/licensee has my authorization to request a replacement badge.

Designated Officer Signature: _____ Date: _____

SECTION 4: DECLARATION

I declare under penalty of perjury under the laws of the State of California that I am the applicant, and that the foregoing information, and all information submitted with this form is true, correct, and complete.

Applicant Signature: _____ Date: _____